

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 3-6-08

Address: CHESTNUT GROVE RD.

Case #: 34-33786

CAMPGROUND

County: PERRY

TELL CITY, IND

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☒ Other:
SEMI TRAILER

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: _____
☒ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: TELL CITY

Fax: N/A

Health Department: PERRY CO.

Fax: 547-0145

Child Protection Service: PERRY

Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: K.M. GREENWELL Phone 812-246-5424

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.